

EXHIBIT D



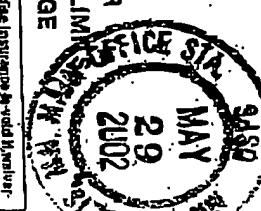
EXPRESS
MAIL
POST OFFICE
TO ADDRESSEE



EV 073732029 US

UNITED STATES POSTAL SERVICE®

ORIGIN (POSTAL USE ONLY)		Day of Delivery		First Class Envelope	
PO ZIP Code 554101		<input type="checkbox"/> Next	<input checked="" type="checkbox"/> Second	<input type="checkbox"/>	
Date In	5-29-02	<input type="checkbox"/> 12 Noon	<input checked="" type="checkbox"/> After 5pm	\$ 1.15	
Time In		Priority		Return Receipt Fees	
5-16		<input type="checkbox"/> 1st Day	<input type="checkbox"/> 2nd Day	<input type="checkbox"/>	
Weight	Ibs. A	100g or less Country Codes		CDG Fee	Insurance Fee
No Delivery	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> Adelphi, MD 20702		\$ 1.45	
Method	<input type="checkbox"/> Sunday	<input type="checkbox"/> Friday		<input type="checkbox"/> Saturday	
CUSTODIAL USE ONLY					
METHOD OF PAYMENT: X 55.00					
Express Mail Domestic Acc't. No. _____					
FROM: (please print)		TO: (please print)		PHONE: _____	
MUETING & RAASCH 3110 LBJ Fwy 531945 MINNEAPOLIS, MN 55456-1415		ASSISTANT COMMERCIAL TUR. P. B. Washington, D. C.		202-31	
FOR PICKUP OR TRACKING CALL 1-800-222-1011 www.usps.com					

Customer Copy
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